



ROCKFORD POLICE DEPARTMENT

GENERAL ORDER

NUMBER: 40.32

TITLE: Communicable Disease

SERIES NUMBER: 40

SERIES TITLE / SUBJECT: Law Enforcement Operations

TOPICS/ REFERENCE: Bloodborne Pathogen, Contaminated, Exposure, HIV, HBV, Universal Precautions

APPENDICIES: A

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THIS ORDER REMAINS IN EFFECT UNTIL REVISED OR RESCINDED

CALEA STANDARDS: 41.3.2

Policy:

It is the policy of the Department to ensure that its employees are able to perform their duties in a safe and effective manner. The safe performance of daily operations has become threatened by life-endangering communicable diseases. Therefore, it shall be the policy of this Department to continuously provide employees with up-to-date safety procedures and communicable disease information that will assist in minimizing potential exposure, while increasing their understanding of the nature and potential risks of communicable disease.

Purpose:

The purpose of this General Order is to provide guidelines for the employees of the Rockford Police Department in reducing the risk of exposure to bloodborne pathogens and other infectious diseases. Department personnel face numerous situations involving risk in the performance of their duties. Many duty-related incidents have the potential for exposure to blood or potentially infectious materials. The consequences of such an exposure can include the transmission of the human immunodeficiency virus (HIV), the hepatitis virus, along with many other microorganisms capable of producing disease. Examples of exposure include accident response, cardiopulmonary resuscitation, emergency childbirth, assault, autopsies, intervention in disputes, crime scene investigation and processing suspects carrying weapons or intravenous needles.

This Order is comprised of the following numbered sections:

- I. DEFINITIONS
- II. RISK LEVELS
- III. PROCEDURES
- IV. INFECTIOUS DISEASE CONTROL SUPPLIES
- V. TRANSPORT / CUSTODY PROCEDURES
- VI. DECONTAMINATION

- VII. HANDLING AND STORAGE OF CONTAMINATED EVIDENCE
- VIII. LINE OF DUTY EXPOSURES TO COMMUNICABLE DISEASES
- IX. TRAINING
- X. RECORD KEEPING
- XI. VACCINATIONS
- XII. EFFECTIVE DATE
- XIII. REVIEWS, REVISIONS AND CANCELATIONS

Appendices:

- A. Hepatitis B Virus Consent/Declination form

I. Definitions:

- A. Blood (Human Blood): Human blood components and products made from human blood.
- B. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV).
- C. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Contaminated Laundry: Laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.
- E. Contaminated Sharps: Any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- F. Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- G. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- H. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- I. Other Potentially Infectious Materials:
 1. The following human body fluids:
Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid or body waste that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- J. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts and abrasions.

- K. Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes, (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
 - L. Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
 - M. Source Individual: Any persons, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, any police contact; hospital and clinic patients; clients in institutions for the developmentally-disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
 - N. Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- II. Risk Levels:
- A. For the purpose of this Order, there are three categories of exposure risk levels:
 - 1. Risk Level I.
Employees who may be routinely exposed to bloodborne or other infectious pathogens. These include police patrol officers, Identification Unit personnel and traffic accident investigators.
 - 2. Risk Level II.
Employees who may not routinely be exposed to bloodborne or other infectious pathogens, but may be exposed under conditions. These include police officers not assigned as patrol officers, investigators and evidence technicians.
 - 3. Risk Level III.
Employees who, in the course of their normal employment, would not be exposed to bloodborne or other infectious pathogens. These include administrative staff, secretaries and records personnel.
- III. Procedures:
- A. Communicable Disease Prevention
 - 1. Employees should use common sense and caution in limiting their exposure to infectious diseases. Frequent and thorough hand washing and/or the use of hand sanitizer is encouraged to prevent the spread of any communicable disease.
 - 2. Any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with hot running water and soap for fifteen (15) seconds before rinsing and drying. Mucous membranes shall immediately be flushed with water following contact.

- a. Alcohol or antiseptic towelettes may be used where soap and water are unavailable.
 - b. After disposable gloves are removed the hands and forearms should then be washed.
 - c. Hand lotion should be applied after disinfecting to prevent chapping and to seal cracks and cuts on the skin.
 - d. All open cuts and abrasions should be covered with waterproof bandages before reporting for duty.
3. Employees should use protective disposable gloves and other infectious disease control materials to prevent acquisition and transmission of infectious disease. Direct contact with blood and other bodily fluids should be avoided whenever possible. Employees are required to carry Department issued personal protective equipment to reduce the risk of exposure. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. If hand washing facilities are unavailable, hand sanitizer or antiseptic towelettes shall be used.
- a. Personal protective equipment will be used when there exists a possibility for exposure to contaminated bodily fluids of the following:
 1. Blood.
 2. Mucous membranes.
 3. Eyes, mouth or nose.
 4. Where splashes of material or human aerosol residue are likely to occur.
4. Personnel shall wear particulate protective masks when maintaining close contact or transporting persons with confirmed or suspected active tuberculosis. Because of the inability to definitely diagnose the presence or lack of tuberculosis in the field, personnel shall wear particulate protective masks while in the presence of persons with confirmed or admitted tuberculosis, or who displays or states they have one or more of the following symptoms:
- a. Persistent cough for more than two weeks.
 - b. Weight loss.
 - c. Night Sweats.
 - d. Bloody sputum.
 - e. Lack of appetite.
 - f. Fever
5. Face shields and/or protective eyewear, masks, and gowns shall be worn by Department employees whenever splashes, spray, splatter, or droplets of blood, or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably expected.
6. Surgical caps or hoods, and/or shoe covers shall be worn in instances where gross contamination can be reasonably expected.
7. Employees shall not eat, drink, smoke, apply lip balm or cosmetics, or handle contact lenses at crime scenes or other areas where body fluids are present or other contagion factors exist.

8. Use of the Ambu Resuscitator Bag is the recommended method for administering CPR or mouth-to-mouth resuscitation. When a Ambu Resuscitator Bag is not available, plastic mouthpieces or other authorized barrier/resuscitation devices shall be used.
 9. Any evidence contaminated with body fluids will be dried, double-bagged in paper bags and marked to identify potential or known communicable disease contamination with Department-approved biohazards labels. The paper bags may be transported in unsealed plastic bags, but must be removed before placing in evidence. When contaminated evidence no longer has evidentiary value, it shall be disposed of in the same manner as in Section III, 12(a-b).
 10. Supervisors shall insure that officers use appropriate personal protective equipment, as required in this Order.
 11. In an instance where the circumstances do not permit the use of protective equipment and an exposure occurs – for example, where time is of essence in protecting the life of another person, or where the safety of the officer or another officer is in jeopardy – the circumstances shall be investigated and documented by the officer’s immediate supervisor to determine whether changes can be implemented to prevent such occurrence in the future. Such documentation shall be accomplished by using the appropriate Workmen’s Compensation form.
 12. All personal protective equipment, once used, shall be disposed of by the officer who used the equipment in the following manner:
 - a. Personal protective items shall be placed in a biohazard labeled bag.
 - b. The officer shall place the biohazard labeled bag in a biohazard disposal receptacle.
- B. Employees should be aware that certain prescription medicines (e.g., steroids and asthma medications) suppress the immune system and make them more susceptible to infectious disease. Employees should consult with their private physician if they are taking prescription drugs to determine if these drugs suppress their immune system.
- C. Pregnant employees should be advised to report to their physician any direct contacts with bodily fluids during their tour of duty. Infectious diseases may cause severe problems in newborns.
- D. When an employee becomes aware they have become infected with or have contracted a communicable disease, the employee must notify the Department. Once notified the Department may allow the employee to continue in their current duty assignment or, in the interest of public safety, place the employee on administrative leave or administrative duty. Failure to disclose a communicable disease contraction or infection may result in disciplinary action.
- IV. Infectious Disease Control Supplies:
- A. Personal protective equipment, exposure control materials, and disinfecting materials will be made readily available through the employees’ supervisors. Protective gloves and particulate filtration masks are also contained in squad car first aid kits.
 - B. Bulk Supplies include:

1. Disposable gloves.
 2. Heavy-duty plastic bags and ties.
 3. Liquid Germicidal/virucidal cleaner
 4. Disposable hand-wipes.
 5. Bio-hazard warning signs
- C. Supplies available to employees will include:
1. Risk Level I employees.
 - a. Protective disposable gloves.
 - b. Protective eye wear.
 - c. Protective gown.
 - d. Shoe covers.
 - e. Hair covers.
 - f. Particulate filtration mask.
 - g. Disposable hand-wipes.
 - h. Red bio-hazard bag.
 - i. CPR shield with check valve.
 2. Risk Level II employees.
 - a. Protective disposable gloves.
 - b. Disposable hand-wipes.
 - c. CPR Shield with check valve.
 - d. Particulate filtration mask.
 - e. Protective eye wear.
 3. Risk Level III employees.
Protective equipment shall be issued upon request and/or demonstrated need.
- D. Vehicles
1. All Department vehicles shall be continuously stocked with the following supplies:
 - a. Disposable gloves.
 - b. Puncture-resistant containers and sealable plastic bags.
 - c. Liquid germicidal cleaners
 - d. Disposable disinfectant towelettes (Must be at least 70% isopropyl alcohol)
 - e. Waterproof bandages
 - f. Absorbent cleaning materials
 2. Officers using supplies located in vehicles are responsible for the replacement of the used supplies. Used first aid kits are to be placed in a storage locker located in the underground parking area of the Public Safety Building. Unused first aid kits are located in the storage locker and are to be immediately placed in the vehicle the used first aid kit was removed from.
- V. Transport / Custody Procedures:
- A. Subjects with blood or potentially infectious materials present on their person will be transported separately from other subjects. A separate compartment from other subjects within the Squadrol van will suffice. If transportation to a health care facility is necessary, an ambulance shall be utilized.

- B. Employees shall inform other support personnel (Firefighters, Paramedics, hospital personnel) whenever change or transfer of custody of a subject occurs and the subject has blood or potentially infectious materials present or if the subject has made a voluntary statement that he has a contagious or infectious disease.
- C. When dealing with persons taken into custody who are suspected or known HIV positive and have blood or potentially infectious materials on their person employees should wear the appropriate personal protective equipment and follow universal precautions.
- D. When a subject taken into custody makes a voluntary statement that he has an infectious disease, notification to the appropriate jail or detention center employee shall be made.
- E. Employees who have actual skin or mucous membrane contact with blood or other potentially infectious materials from a source individual shall immediately wash hands and any other affected skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact. Employees shall notify a supervisor who will complete a Worker's Compensation form prior to end of the employee's shift. Copies of this report shall be forwarded to the Administrative Services Bureau, Senior Administrative Assistant.

VI. Decontamination:

- A. After a vehicle's interior, personal equipment, or a temporary holding cell has been exposed to blood or potentially infectious material from a known or suspect carrier of HIV, HBV or any other infectious disease, decontamination procedures must be completed before the vehicle, equipment or holding cell is utilized again.
- B. Upon the release of a potentially infected prisoner, holding cells shall be posted immediately with a biohazard warning sign and shall remain posted until properly cleaned and disinfected.
- C. If the contamination is of the size or nature that the officer cannot adequately clean and sanitize, a supervisor shall ensure that the vehicle, personal equipment or temporary holding cell is taken out of service for decontamination. A biohazard warning sign shall be clearly posted on the exterior of the contaminated vehicle or outside of the contaminated temporary holding cell.
- D. If exigent or unusual circumstances occur requiring immediate decontamination, the recommended decontamination procedures are as follows:
 - 1. Vehicles:
 - a. Proper personal protective equipment shall be worn during all phases of decontamination. Note: An employee should be aware that rings, jewelry of any kind, or fingernails might compromise the structural integrity of the disposable gloves. An employee shall make certain that the gloves are not torn before attempting to begin any phase of the decontamination process. Using two gloves per hand is recommended to avoid tears.
 - b. Any excess blood or potentially infectious materials shall first be wiped up with an approved absorbent material. Afterward, the absorbent material shall be immediately put into a heavy-duty

- plastic bag and placed in a designated biohazard waste receptacle.
- c. If the spill is the size or nature that the officer cannot adequately clean and sanitize the vehicle, it will be taken out of service and clearly marked with a bio-hazard tag. A vehicle repair notice will be completed and forwarded to the Support Services Unit for immediate attention.
2. Temporary Holding Cells
 - a. Proper personal protective equipment shall be worn during all phases of decontamination.
 - b. An employee shall make certain that the disposable gloves are not torn before attempting to begin any phase of the decontamination process.
 - c. Any excess blood or potentially infectious material shall first be wiped up with an approved absorbent material. The absorbent material shall then be immediately put into a heavy-duty plastic bag and placed in a designated bio-hazardous waste receptacle.
 - d. The contaminated area shall be sprayed with a virucidal/germicidal solution and allowed to air dry for ten minutes.
 - e. All disposable contaminated cleaning items shall be put in heavy-duty plastic bags and placed into a designated bio-hazardous waste receptacle.
 - f. If the contamination is of a size or nature the officer cannot adequately clean and sanitize, a supervisor shall mark the temporary holding cell a bio-hazard and contact the Support Services Unit supervisor for decontamination. The contaminated holding cell is not to be used until such decontamination has taken place.
 3. Contaminated Laundry shall include, but not necessarily limited to, the following:
 - a. The officer's uniform and clothing items worn on-duty, including undergarments, socks, shoes and outerwear, whether supplied by the Department or personally owned, which have been exposed to blood or other possibly infectious materials while the officer was performing their official duties.
 - b. In the case of an officer's uniform or clothing items being exposed to blood or other potentially infectious materials, the officer shall change clothes as soon as possible after the exposure and bag the uniform and clothing items labeling the bag with a biohazard label.
 - c. In no case shall an officer launder any clothing items, including uniform items at their home, a commercial laundromat or cleaners, which have been exposed to blood or other potentially infectious materials.
 - d. All contaminated laundry shall be cleaned and decontaminated by the Department at the Department's expense by a Department approved cleaner.

VII. Handling and Storage Of Contaminated Evidence:

- A. Crime Scene Technicians will adhere to a precise regimen when handling, processing, and storing potentially infectious disease-contaminated evidence or property.
- B. All items of evidence or property covered with potentially infectious materials shall be treated as if they are contaminated.
- C. All items of evidence or property having potentially infectious materials and containers containing these items shall be handled with the proper personal protective equipment.
- D. The Department shall furnish protective disposable gloves to all personnel or others handling evidence or property which may be contaminated with potentially infectious materials, while in the evidence/property storage area.
- E. All non-biological evidence or property having potentially infectious materials on it will be packaged accordingly and labeled with a biohazard-warning label.
- F. Wet clothing will be allowed to dry and be processed according to existing policy and procedures.
- G. All contaminated evidence or property for disposal shall be placed into a designated bio-hazardous waste receptacle.
- H. All "Sharps" contaminated needles and/or cutting implements shall be packaged in protective containers. These containers are available in the Squad Room. The outer container shall be properly marked with a Biohazard label. It is strongly suggested that officers carry several "Sharps" containers in their kit or assigned squad.

VIII. Line of Duty Exposures to Communicable Diseases:

For the purpose of this order, the Rockford Police Department recognizes three levels of exposure to infectious pathogens.

- A. Exposure Level I.
Contact limited to merely being in the presence of a person suspected of having a communicable disease.
Response:
No special action required other than precautionary behavior and decontamination of affected personal protective equipment.
- B. Exposure Level II.
Exposure to healthy, intact skin from source individual's body fluids.
Response:
Complete Employees Report (Officers or Civilian) and forward copies to the Administrative Services Bureau, Senior Administrative Assistant by the next business day.
- C. Exposure Level III.
Whenever there is contact with blood or body fluids through open wounds, mucous membranes, or parenteral routes. Any of the following is a Level III exposure.
 - 1. Contaminated needle stick injury.
 - 2. Blood or potentially infectious material contact with employee's mucous membrane of eye, nose or mouth.
 - 3. Blood or potentially infectious material in contact with non-intact skin.

4. Cuts with sharp instruments contaminated with blood or potentially infectious materials.
5. Any injury sustained while cleaning contaminated equipment.
6. Any unprotected exposure to a suspected or confirmed active tuberculosis patient.

Response: In those instances in which transportation cannot be provided by a police vehicle, paramedics shall be called to transport to a medical facility for follow-up care.

Complete the following reports:

1. Supervisor's Report form.
 2. Employees Report (Officers or Civilian)
 3. Incident Report, if appropriate.
 4. The effected employee(s) shall report to the nearest emergency room for proper evaluation and treatment.
- D. The Administrative Services Bureau, Senior Administrative Assistant shall ensure that all required follow-up work is completed.
- E. Any employee who has been involved in an exposure incident as defined in section I. G., shall be considered to have been exposed to a communicable disease.
- F. A supervisor shall be contacted and all appropriate duty injury and medical forms shall be completed by the supervisor.
- G. Immediately after exposure, the employee shall be transported to the appropriate health care facility for clinical and serological testing for evidence of infection.
1. Collection of blood from employees who may have been exposed to HBV or HIV shall be in accordance with all state and federal regulations pertaining to same.
 2. Post-exposure prevention and protection from disease, counseling and an evaluation of reported illnesses may also be recommended by the physician for any employee.
 3. The Department shall ensure that the treating physician is given a copy of the OSHA standard on bloodborne pathogens in all cases where the physician is evaluating an employee for an exposure incident. In addition, the physician shall receive the following:
 - a. A description of the exposed employee's duties as they relate to the exposure incident.
 - b. Documentation of the source individual's blood testing, if available.
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - d. All medical records relevant to the appropriate treatment of the employee, including hepatitis B vaccination status, which the Department is responsible for maintaining
 4. The Department shall obtain and provide the employee with a copy of the evaluation physician's written opinion within fifteen (15) days of the completion of the evaluation.

5. All findings and diagnoses shall remain confidential and shall not be included in the written report.
- D. Any person responsible for potentially exposing the employee to a communicable disease shall be requested to undergo testing to determine if the person has a communicable disease.
1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HIV or other communicable disease infectivity. If consent is not obtained, the Department shall document that verbal and/or written consent cannot be obtained by an incident report. Follow-up to obtain a court order for a blood test of the source could be initiated if deemed necessary.
 2. When the source individual is already known to be infected with HBV, HIV or other communicable disease, testing for the source individual's known HBV, HIV or other communicable disease status need not be repeated.
 3. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 4. Criminal charges should be sought against any person who intentionally acts to expose an employee to a communicable disease.
- E. Employees who test positive for a communicable disease may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public, or employees of the Department.
1. The Department shall make all decisions concerning the employee's work status solely on the medical opinions and advice of the Department's health care officials.
 2. The Department may require an employee to be examined by Department health care officials to determine if they are able to perform their duties without hazard to themselves or others.
- F. Any officer involved in an exposure incident shall fully document in both an Incident Report and an Officer's Report the route(s) of exposure, circumstances surrounding the exposure and the description of the protective gear used.
- IX. Training:
- A. All employees of the Department performing duties likely to involve occupational exposure to blood or other potentially-infectious materials shall receive the following training:
1. A copy of the OSHA standards on bloodborne pathogens shall be provided to each employee before or during the training.
 2. A general explanation of the epidemiology and symptoms of bloodborne pathogens.
 3. An explanation of the modes of transmission of bloodborne pathogens.
 4. An explanation of the appropriate methods for recognizing task and other activities that may involve exposure to blood and other potentially-infectious materials.

5. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
 6. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 7. An explanation of the basis for selection of personal protective equipment.
 8. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
 9. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 10. Information on the post exposure evaluation and follow-up that the Department and City are required to provide for the employee following and exposure incident.
 11. An explanation of the biohazard signs and color coding methods used to mark blood or other potentially infectious materials
- B. Training shall be conducted by a person knowledgeable in the subject matter covered as it relates to the duties of those employees who could be occupationally exposed to blood or other potentially infectious materials.
- C. Newly hired Department employees shall receive mandatory training on OSHA bloodborne pathogen standards and this Order during their initial orientation.
- D. The same training provided in initial training will be repeated on an annual basis in refresher training sessions. Additional training shall be provided to Department employees on an as needed basis.
- X. Record Keeping:
- A. The Department approved medical facility and the Senior Administrative Assistant of Administrative shall establish and maintain an accurate record for each employee with occupational exposure to include the following:
1. The name and social security number of each employee.
 2. A copy of all hepatitis B vaccination records of employees, including the dates of vaccinations and any medical records relative to the employee's ability to receive hepatitis B vaccinations.
 3. Declination forms from employee's who do not wish to be vaccinated.
- B. All medical records as specified in the Order shall be kept confidential and are not to be disclosed or reported without the employee's express written consent to any persons within or outside the Department, except as required by this Order or as may be required by law.
- C. The Senior Administrative Assistant of Administration will maintain training records for employees in communicable disease related topics.
- XI. Vaccinations:
- A. Hepatitis B vaccinations shall be made available to all Risk Level I and Risk Level II employees, free of charge, after the employee receives the required initial training as specified in Section IX. of this Order. Risk Level III employees may receive the hepatitis B vaccination with the permission of their supervisor.

- B. Employees may receive the vaccination or decline them.
- C. Any Department personnel who decline to be vaccinated shall complete a declination form (Appendix A).
- D. If an employee initially declines the hepatitis B vaccination, but at a later date decides to accept this vaccination, the Department shall make available the vaccination at that time.
- E. If a booster dose of hepatitis B vaccine is recommended at a later date, the Department shall make the vaccination opportunity available to all employees requiring booster doses.

XII. Effective Date:

- A. The effective date of this Order is January 10, 2008.

XIII. Reviews, Revision and Cancellations:

- A. This General Order will be reviewed annually by the supervisor of the Training and Personnel Unit and, when necessary, revised or cancelled, in accordance with the procedures for reviewing written directives established in General Order 10.01 – *Written Directives*.
- B. This Order cancels Department General Order K-11 *Communicable Disease* issued May 4, 1993.
- C. Any employee with suggestions for revisions and/or improvements to this order are encouraged to submit their ideas to the Commander of the Administrative Services Bureau.

BY ORDER OF

_____ / / _____
Chet Epperson
Chief of Police

APPENDIX "A"

HEPATITIS B VIRUS CONSENT/DECLINATION

BLOODBORNE PATHOGENS

I have been informed of the symptoms and modes of transmission of bloodborne pathogens including hepatitis B virus (HBV). I know about the facility's infection control program and understand the procedure to follow if an exposure incident occurs.

I understand that the hepatitis B virus vaccine is available, at no cost, to employees whose jobs involve the risk of directly contacting blood or other potentially infectious material. I understand that vaccinations shall be given according to recommendations for standard medical practice in the community.

HEPATITIS B VACCINE CONSENT

I consent to the administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine.

X _____

Signature of the Employee

Date

Print Employee's Name

Social Security Number

HEPATITIS B VACCINE DECLINATION

Appendix A to Section 1910.1030

I understand that due to my occupation exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

X _____

Signature of the Employee

Date

Print Social Security Number

Employee's

_____ Name